PATENT APPLICATION FEE DETERMINATION RECOF								Application or Docket Number  D /// 656 0/3.						
Effective October 1, 2003									00162.1306 USCY					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									EN	TITY	OR	OTHER SMALL		
TOTAL CLAIMS			37					RATE F		FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE 385		385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			37 minus 20=		. 17			X\$ 9=			OR	X\$18=	30 b	
INDEPENDENT CLAIMS			3 minus 3 =		. 0			X43=			OR	X86=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT						_		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	TOTAL		OR	TOTAL	1076		
CLAIMS AS AMENDED - PART II , (Column 1) (Column 2) (Column 3)								SMAL	LE	NTITY	OR	OTHER SMALL		
AMENDMENT A	61/63/05	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	.36	Minus	- 3	7	= /		XS 9=	. [		OR	X\$18=		
ME	Independent	. 3	Minus	<del> 3</del>		=/		X43=			OR	X86=	/	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+145=	_		OR	+290=	/	
									AL EE		OR	TOTAL ADDIT, FEE	/ .	
		(Column 1) (Column 2) (Column 3)							<u>-</u>					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	- 4	ADDI- TIONAL FEE_		RATE	ADDI- TIONAL FEE	
Ş	Total	•	Minus	**		=		X\$ 9=			OR	X\$18=		
AMENDMENT	Independent	•	Minus	***		-	11	X43=	T		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			OR	+290=		
								TOTA			OR	TOTAL ADDIT, FEE		
		(Colúmn 1)		(Colur		(Column 3)	_							
DMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
Ş Ş	Total	•	Minus	<b>710</b>		= .	] [	X\$ 9=	T		OR	X\$18=		
AME	Independent	•	Minus	***		[ <del>-</del>	<b>1</b>	X43=	1		OR	X86=		
ال	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1			+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FFF											OR	TOTAL		
	ff the "Highest Nu	mber Previously Pa mber Previously Pa mber Previously Pai	aid For IN THI	S SPACE	is less tha	in 3, enter "3."	•	NDDIT. FE nd in the		opriate box		ADDIT, FEE! lumn 1.		

FORM PTO-875 (Rev. 10/03)-

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